

# Nursing unit managers: responsibility without power?

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# Background

## Study background:

- The Australian Healthcare workplace culture:
  - Traditional roles in healthcare (Diers 2004)
  - Nurses' lack of voice and input into the decisions of healthcare organisations (Buresh & Gordon 2000; Diers 2004; Sullivan 2005)
  - Gendered nursing image and identity (Speedy 2006)

# Traditional nursing images



Grumpy matron

Selfless angel  
of mercy



Bimbo

# Study topic

- **The working world of nurse managers.**
- I explored perceptions of the role from those in the position, I was interested in hearing about:
  - Workload/organisational expectations
  - Workplace geography
  - Education/support for the role
  - Identify as a nurse or a manager?
  - Is power commensurate with responsibilities?
  - Job satisfaction level
  - Challenges/concerns
  - Achievements/rewards
  - Rural focus



# Context

- An example of a nursing unit manager's role description in rural NSW. Essential criteria:
  - *Tertiary qualifications in health or management or other related discipline or significant progress toward completion, or willingness to undertake same.*
  - *Demonstrated high level of organizational, conceptual and analytical skills.*
  - *Demonstrated ability to monitor clinical services and activity, effective management of human, physical and financial resources.*
  - *Computer skills, familiarity with computerized health data systems.*
  - *Demonstrated team leadership skills.*
  - *Minimum of (5) years post basic experience.*
  - *Understanding of budget processes.*
  - *Demonstrated superior communication and negotiation skills.*
  - *Graduate certificate course in relevant clinical field or relevant clinical experience.*



# Methodology

- Qualitative study using an eclectic feminist approach and individual interviews and observation as data collection methods.
- Underpinned by Kanter's organisational power framework
  - Power, according to Kanter (1977:166), is 'the ability to get things done', and in Kanter's view, power is to be found in a worker's ability to mobilize whatever resources are necessary to get the job done.
  - Power is determined by adequate access to organisational opportunities, support, information & resources.

# Data Collection

- **Location: New England Area:** 98,000 square kilometres servicing the health needs of 175,000 people. At the time of the study there were 42 Nursing unit manager positions in the area.
- **Participants:** 20 nursing unit managers
  - Individual interviews and observation of workplaces:
    - 16 conducted in participants' workplace
    - 4 telephone interviews of 45 mins -1 hour





# Data Analysis

- A qualitative data analysis method developed by Brown & Gilligan (1992) called the *voice-centered relational approach* to data analysis was used.
- Interview transcripts were considered from 4 different perspectives:
  - 1) The story as a whole
  - 2) Who is speaking
  - 3) The relationships of the speaker
  - 4) The context
  - This approach allowed issues of self image, the relational self, organizational context and power to be exposed.
  - Also, observations of the nursing unit managers' workspaces formed part of the data.



# Findings

**All participants identified that the role is expanding:**

- *‘The job keeps getting bigger and involves the day-to-day management of the ward, the patient care, the staffing and monitoring the physical and financial resources’.*

**All spoke of the challenges of being a clinician-manager:**

- *‘I’m a nurse, and a good one. I’m probably only an average manager’.*
- *No matter what role I have I will always think of myself as a nurse’.*

# Findings: A clash of values

## Nurse v. manager

- *'Nurses care about patients, managers only care about budgets'.*
- *The difference between a nurse and a manager is, well a manager cares about money, but we don't, we care about patients. Nurses will always put the patient first.*

## Nurse v. administration

- *'I try to hold the profession of nursing in respect but all the time admin ignores and devalues nurses'.*
- *I keep trying to think of myself as a manager, but they [the organization] don't ever let you forget you're a nurse.*
- *'The power [to make decisions] resides upstairs'.*



# Observation of the nurse managers' working environment.

- All of the workspaces observed suggested a lack of organizational power, based on:
- Lack of space and privacy
- Lack of furniture
- Lack of storage
- Old, shabby fittings and office equipment (eg computers, desks)



# Conclusions

- The organisational expectations of the nursing unit managers' role was unrealistic.
- The majority (n=18) had not received any managerial or leadership education or training and all felt poorly supported by the organisation.
- All participants retained a strong nursing identity as no alternative organizational identity was encouraged or supported.
- They all described a lack of access to an adequate level of organisational support, information, resources and opportunities within the organization.
- According to Kanter's (1977) theory this reflects a lack of organisational power.

# Implications

- The participants will not be able to gain access to sufficient levels of organisational power unless they believe they have a rightful entitlement to do so and this entitlement is sanctioned by the organisation (appropriately resourced workspaces would also help in this regard).
- Nurse managers will always find it difficult to integrate the clinical and managerial aspects of their role if they have not received leadership/management training and if the organizational culture of healthcare does not change.
- Changes to the culture of healthcare workplaces must be driven by those who experience disempowerment within it.

# Final thoughts

- Organizational power commensurate with the responsibilities of the participating nursing unit managers' role, will only occur with macro and micro level changes to the health care workplace culture:

## MACRO:

- The development of a more contemporary nursing image will contribute to enhancing the status and voice of all nurses, including those in leadership/management positions.

## MICRO:

- A reconceptualisation of the nursing unit manager's role description is required.
- Compulsory management qualifications for all nurse managers.
- A realistic workload with administrative support.
- NUMs need a process for greater input into organisational decision making.
- Organizationally sanctioned authority commensurate with level of responsibility.
- The provision of functional workspaces



# References

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# University of New England, Armidale, NSW.

QuickTime™ and a  
decompressor  
are needed to see this picture.



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